



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW RANDALLIA HOSPITAL

City of Hospital: Fort Wayne

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Paige Zoucha

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Medicare Provider Number: 15-0021

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1671139321
Outpatient Patient Service Revenue	\$1682276839
Total Gross Patient Service Revenue	\$3353416160

2. Deductions From Revenue

Contractual Allowance	\$2198301266
Other Deductions	\$81688220
Total Deductions	\$2279989486

3. Total Operating Revenue

Net Patient Service Revenue	\$1073426674
Other Operating Revenue	\$44750089
Total Operating Revenue	\$1118176763

4. Operating Expenses

Salaries and Wages	\$246281829	Employee Benefits	\$78025687
Depreciation and Amortization	\$43421559	Interest Expense	\$225556
Bad Debt	\$57952659	Other Expenses	\$567510315
Total Operating Expenses	\$993417605		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$124759158	Total Assets	\$371489869
Net Non-operating Gains over Loss	\$2560854	Total Liabilities	\$67821602

Total Net Gains	\$127320012
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1515635381	\$1234025264	\$281610117
Medicaid	\$320356599	\$255775205	\$64581394
Other Government	\$54731735	\$40839972	\$13891763
Other State	\$243001905	\$182404115	\$60597790
Other Payers	\$1219690540	\$566944930	\$652745610
Total	\$3353416160	\$2279989486	\$1073426674

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1710958	\$-1710958

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$95529	\$157114	\$-61585

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1191010	\$6780952	\$-5589942
Hospital Patients	\$0	\$0	\$0
Community Education	\$173881	\$1462205	\$-1288324

Number of Medical Professionals Trained	297
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	22334

Statement Six: Charity Statement

Hospital Charity Charges	\$81608701
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$16343367	
HCI Payments	\$0		
Subtotal	\$0	\$16343367	\$-16343367
Medicaid Shortfalls	\$27060666	\$63994600	
Subtotal	\$27060666	\$80337967	\$-53277301
DSH Payments	\$0		
Subtotal	\$27060666	\$80337967	\$-53277301
Medicare Shortfalls	\$278099704	\$301794256	
Other Government Programs	\$57046285	\$48664777	
Total	\$362206655	\$430797000	\$-68590345

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$119686	\$2079114	\$-1959428
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$1722441	\$-1722441

Comments

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